FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Resethan	FORM DR-2 (Rev. 07/2003)	A ETHICS AMD DISCLOSURE OF THE
	For Office Use O	AY 20 AM 9: 57
Candidate _.	Comm. # Logged In Scanned	
	Computer	
ate or House)		

COMMITTEE NAME (Must be same as on Statement of Organ Winterhof For City Colinicit IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City (8) Support State of Candidates CANDIDATE COMMITTEES ONLY: Candidate Name GARY L. Winterhof Office Sought CHER Cedir City Council]	- Fi	Rev. 07/2003) REPORT or Office Use Only 20 AM 9: omm. # orged In canned omputer udited
Robert 1 Brown SIGNATURE OF TREASURER (or person filing this report)	(319) 266-506.	2	May 15, 2009
(pro-sing and report)			DATE SIGNED
Late filed reports are subject t			enalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENC	CE:	
I AM FILING A MAY 19 200 9 (report date)	REPORT FOR AN/A (1) EL	ECTION /(2)NON-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED		Nove	mittees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss	Dissolution Form DR-3. Colution is filed.)	which Elect	ocal Committees, enter County in ion is held
STATEMENT	OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is first	s is the total of all monies held the cash on hand at the end		
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,		
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below))	3302 -
Schedule F: Loans Received total (Attach Schedule F)		o
Schedule H: Total Sales of Campaign.Property (Attach	Schedule H)	••••••	
(Schedule H applies to Candidates' Commi	ittees Only)		
	SUB-TOT	AL\$	3302 —
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•	
Schedule B: Expenditures total (Attach Schedule B) (*			1203.13
Schedule F: Loan Repayments total (Attach Schedule	F)		
CASH ON HAND at the end of this reporting period (if final reporting be zero) (Attach DR-3)		\$ _	2,098.87
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	- 0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu	le E)	\$_	_0 -
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	F)	\$	-0 -
CANDIDATE COMMITTEES ONLY:			
CONSULTANT BREAKDOWN (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Sobodilo III		LYES NO

Ear	lastructions	500	Back of Form	_
LO1	msuuctions,	See	back of Form	1

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Winterhof For City Council	

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
CHE	CK THIS BOX IF IDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	FUNC FUNC RAISE INCOM
2/4/09	10# CK# Deposit	GARY L. WINTERHOF 1220 WASHINGTON CEENSFALLS IA 50613	SAME-	s 100	INCOR
2/10/09	ID# CK# (ASh			2	
2/17/09	ID# CK# 2927	William P. + Bobbye A. CAllAHAN SR 1210 SUNNYSIDE CR CELNEALLS IS SUG13	Muther In law	1,000.	
2/17/09	ID# CK# 8287	JON CREWS 4712 Ch4dwick Rd #12 CE die FAIS IS 50613	None	1.00 -	·
47/09	ID# CK# 1179	AlAN (Pete) Hill Tob MANCKER 26 CedAR FAlls IA SOU13	None	100	
4/7/04	ID# CK# //96	BRUCE 6. 1204ERS 2100 FOUR WINES OR. Cedae FAIls IA 50413-6435	NONE	10	
4/7/09	ID# CK# 5522	Floyd OR Sherry WiNTER 2710 ABRAHAM DR. Cedar FAlls IA SOU13	NONE	50	
N	ID# CK# <i>5</i> 1 8	MALVIN DIEMER 5026 Bluebell 12d Cedar FAlls ZA 50613-6324	NOWE	100 -	
	ID# CK# \$163	DR MARK L. NTHERESA KNUTSOM 8383 W. Ridgeway Hue Cedar Falls IS 50613	NONE	50	-
4/8/		Thomas CORFRANGUE LINES 2329 TERRACE DR. CEDARFALLS IA 50613	NONE	25, -	
			SUB-TOTAL	- 1537-	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of 4

TOTAL (if last page of this

schedule)

-			~				
ഹ	Instruct	tions .	500	Hack	nt.	Form	
\sim			~~~		\sim .		

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
WINTERPOF FOR City COUNCIL	,
701 7 7 0 470 07 0	

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF YDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MWDD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	FUN RAIS
4/9/09	CK# /6.78	MARIYS R. KUNEHART 306 N. EILEN SI CELAR FAILS ID 50013	NONE	s 25,-	
4/10/09	CK# //77	Steve C VJEAN FIRMAN 11 PIVER P. dge Rd. CE dan FAlls It 50613	NONE	50	
4/10/09	ID# CK# 1240	CLEMENT J. HAVLIK 4015 South LAWN Rd. CELAR FAlls IS 50613	NONE	100	
4/10/09	ID# CK# 8227	DONN R. OR JANET QUAKENBUSH 1205 DELTA DR. CELLE FALK IA 50413	NONE	50	
4/14/09	ID# CK# 4991	CAROLYN E. HAURUM 119 RIVERRIGE Rd CELSE FAILS IS 50613	NONE	20. –	
	ID# CK# 2656	LYN LE COUNTRYMAN MOBERT L. Kluber 1407 CATHERINE ST CELLI FAlls IA 50613	NONE	25	
4/15/09	ID# CK# <i>575</i> 9	NEILT & BARBARA MOZENA 2320 ROYAL DR CELM FALLS IA 50613-4458	NOWE-	25	
4/5/09	ID# CK# 3625-	TAMARRA J. + JAMES R. BYRD 8308 BUUL RIDGE COURFALK IS 50613	None	50	
4/16/09	CK# 5048	JAMES OR CECELIA Mudd SR. 3949 BEAVER PLAGE TRAIL CELL FAlls IOWA SOLIZ	NONE	100	
4/16/20	CK#////	DONE + DAYNA TIMMERMAN 2329 MINNETONKA DR CEDA FAILS IDWA 50613	NONE	100	
•			SUB-TOTAL	s 545,-	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 4 (for Schedule A)

TOTAL (if last page of this

schedule)

For	Instructions,	See	Rack	of	Form
, 0,	mondenons,	266	Dack	O1	1 01111

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
WINTORPOF FOR City COUNCIL	

SCHEDULE	
A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUNI RAISE INCOL
4/18/09	1D# CK# 3//P	JOSEPH A. + MARY ANN BARRY 1406 LIESTERN CELAR FAILS IA 50613	NONE	s 25	
4/19/09	CK# 8325	JON (REWS 4815 ALGONQUIN DR #3 CELAR FALLS IN SUL13	NONG	50	
4/19/09	CK# 3 <i>913</i>	CRAIG & LORI HILPIPRE 805 LATHAM PLACE CELAR FAILS IN 50613	None	100	
4/19/09	ID# CK#/75 98	GALE OR PATBONSALL 54 RIVER RIDGE RD CEDALIFALLS ZA 50613	NONE	50	
4/20/09	ID# CK# 5847	PETERE OR MARILYNUVURHEES 3402 PHEASANT DR CELLEFALLS ILSU13-1681	NONE	100	
4/29/09	ID# CK# 3358	JUHN JURSUE L. HL+S 5414 MEADOWLARK L+NE CEDNE FAILS IOWA 50013	NONE	100	
4/2	10# CK# 1065643732	EL + SHERMY BROWN 9030 BEAVER VALLEY RE CELAR FAILS IA SUG13-9460	NONE	100.	
4/30/09	ID# CK# 2108	LARRY J. + SOLVETY GREGORY 3903 HERITAGERS CELAR FALLS IA 50613.5553	NONE	-75	
3/1/09	ID# CK# 9337	StEPHEN J. OR NANCY B. GAIES 703 CAK PANKBLUS CEDAR IFAIK IN 50613	Nove	250	
3/1/	10# CK# 26@	DAVID , A. J PAMELA L. STRICKIEN 618 LAKE RIDGE DR. CEDAR FALLS IA 5ULI3	NONE	250.	
	·		SUB-TOTAL	s /100	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 4 (for Schedule A)

TOTAL (if last page of this

schedule)

	For Instruct	tions, See Back of I	Form	sc	HEDULE		
					Α	MONET	TARY
	CONTRIBUT	(A	lev. 06/97)	RECE			
			CHECK THIS BOX IF				
	COMMITTEE	ļ	AME	NDING FO	DRM		
	WINTE	ThoF FOR (City Council				
	STATE CANDID	ATES NOTE: IF A CONTR IE PAC CHECK NUMBER IN	, RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION I THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILA	COMMITTEE). LIST T BLE FROM THE IOW	THE PAC IDEI 'A ETHICS AN	NTIFICATIO IO CAMPAI	ON GN
	CAUTION: Sector any commer	ction 688.32A(6), lowa (Code, prohibits the use of information copied from reports rson other than statutory political committees.	and statements f	or soliciting	contribut	ions or
Ī	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSH	IID I AM	OUNT	1 : .= =
	RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDITIONS OF CONTRIBUTION	TO CANDIDAT	LE. SEC	SEIVED	FUNC RAISE INCOM
	51,	10#	JERRY R.OR TERRIE L. DIXON 218 SPRICE HILLS DR		s		
	5/2/09 5/6/09	CK# 2638	218 Spruce Hills DR. CedARFIHIS IA 50613	Nove	20	} ~	
	54	ID#	DENVIS DOLAN.				
	16/09	CK# 1149	1304 GRAND BLUD CEDAR FAILS IN SOUB	Node	100	?. —	
r		ID#					
		CK#	y .				
r		ID#				1	
		CK#					
r		ID#					T.L.
	_	CK#					
r		ID#					
		CK#					
-		ID#	,				
		CK#					
		ID#		<u> </u>	+		· · · · ·
	•	CK#					
	1	U1 1/1			1	1	

SUB-TOTAL \$ /20,
TOTAL (if last page of this schedule) \$ 3303

10#

CK#

10#

CK#

Page 4 of 4

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WINTERHOF FOR City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/6/09	ID# CK# _{/015}	BLACK HAWK COUNTY Election 314 W.5 th St. WATENDON IS 50703	Voter List	\$ 32.56
3/ /30/09	ID# CK# /0/6	Ad FAX 170 W. MullAn Ave WATERUO, IS 50701	LETTENS -	178.69
3/ /30/ 0 9	ID# CK# /0/7	SANDERS 111, South ST WATERUW IA 50702	Return Address Stamp	211.25
3/3/09	ID# CK# /018	U.S. JoSTMASTOR 300 SYCHMORE ST WATERLIOD IL SOTIOS	100 420 STAMPS	43
3/30/09	ID# CK# <i>1019</i>	WAC-MART 525 BRANDILYNNBLUD CODARPAILS IS 50613	150 LARGE ENVELOPES 125 SMAIL ENVELOPES 50 THANK YOU NOTES	15.42
4/17/09	ID# CK# /020	U.S. POST MASTER 300 Sycamore St WATENDO, IA 50703	300 Post Cands	287.13 93 —
1/22/09	ID# CK# /02/	Ad F4X 170 W. Myllan tue WAJENOO, IA 50701	Developing Advoctising	500
1/21/09	ID# CK# /022	U.S. Post-OFFICE 300 Sycamore St WATELUR ZA 50703	300 Post cards	93 -
			SUB-TOTAL	\$ 973.13
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page		of	2
------	--	----	---

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be s	ame as o	n Statement of	Organization)
WINTERho	F FOR	City	COUNCIL	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/5/09	ID# CK# /023	US POSTMASTER 300 Syctmore St WATGLIOG IS 50703	600 Abst CArds 186 100 44 Stamps 44	\$ 230
	ID# CK#			
	ID#			
	ID#			
	CK#			
	CK#			
	CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	& .

SUB-TOTAL

\$ 230. —

TOTAL (if last page of this schedule)

\$ 1,203,13

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page ___ 2 of ____